Prior Authorization

Frequently Asked Questions

Where do I go in the web portal to request a PA?

After you log into the portal, select Prior Authorization on the *Secure Home* page. Then select Submit/View from the drop down list. You can also access the authorization request page by selecting *Provider Workspace* from the drop down list to access your provider workspace. On the workspace page, click the link Enter a New Authorization Request.

How will I know what Provider IDs are needed to request a PA?

When a provider logs into the portal, the PA application identifies the provider's ID as the requesting provider ID, and places that ID in the appropriate box on the *New Request for Prior Authorization* page. If another provider ID is required for the specific PA type requested, an entry box is provided that is labeled with the specific provider ID type needed. A search function allows the requesting provider to search for the 'other provider' ID.

What if I don't know a REF number?

You can search for a provider's Reference number on the *New Request for Prior Authorization* page. Click the magnifying glass icon next to the box where the ID is to be entered. On the search page that displays, enter the provider name, and click search. Click the provider ID number from the search results list, and it will display on the *New Request for Prior Authorization* page in the appropriate provider ID box.

Do I still need to go to the GMCF website to upload documentation for a PA or a Retrospective Review?

When the new system goes 'live', all documentation upload activities will occur via the web portal *Provider Workspace*. The upload function via the GMCF website will be discontinued.

How do I attach additional documentation required for a request?

The easiest and most efficient way is to submit required documentation is to **attach the documents** directly to the PA request; although documents may be submitted via Fax. Documents may be attached in real time when you are entering a PA request. First enter all the request data and submit. On the next page that displays, go to Create an Attachment. You may also attach documents to a pending PA that has already been submitted. On the *Provider Workspace*, select Attach Documentation to Existing Requests. Search for the PA, click Attach File or Edit Request; and then use **Create an Attachment.**

How do I request or make changes to a PA?

There are two ways to change information on a PA request. The first way is to edit the PA. Providers are now able to edit PAs if the PA is still in pending status and has not been referred for peer consultant review. To edit a PA, go to your *Provider Workspace* and click Search and Edit Authorization Requests. Search for and open the PA; then click Edit Request (if the PA cannot be edited, the link for Edit Request will not display). Make the changes to the PA and submit.

The second way to make changes is to submit a change request as you may have done previously. For most PA types, change requests must be submitted within 30 days of the PA request date or date of service (whichever is more current). To request a change, go to your *Provider Workspace* and click Submit and View PA Change Requests. Search for and open the PA to be changed; then click Enter a Change Request. Complete the change request form and submit.

What information can I change when editing a PA?

Most information that you entered may be edited including:

- Withdraw the entire PA
- Change admit date/discharge date/still in facility indicator
- Add diagnosis code(s)
- Associate a 'real' Medicaid ID to cases where no Medicaid ID exists (Level 1 and Swingbed PAs)
- Attach additional information (some PA types are excluded)
- Modify clinical and request information
- Change procedure from/to dates
- Change units requested
- Change place of service

How will I know if a request has been denied and why?

Although you will receive PA notifications in the mail, the best way to find the status of a PA is to search via the web portal *Provider Workspace*. Search for the PA and you will see the denial reason and the reviewer's rationale for the denial.

What kind of requests will get denied or approved?

Experienced Nurse Reviewers utilize InterQual criteria and Department of Community Health (DCH) policy guidelines to review PA requests. If the request meets InterQual criteria and DCH policy guidelines, the nurse will approve the case. If the case is not approved, the Provider may submit additional information for reconsideration.

What is the time frame for submitting PA requests?

In general, requests should be submitted before or on the same day that the service is provided with the exception of emergency situations or cases involving members with retro eligibility. For emergencies, providers have thirty (30) days from the date of service/admission date to request the PA. For members with retro eligibility, providers have six (6) months from the retro effective month end to request the PA. Other submission exceptions are also granted based on review type (check the DCH Provider manuals per review type).

What is the review turnaround time for prior authorizations?

Turnaround times are determined by the Department of Community Health and are different for each review type. For example, Radiology prior authorization requests are reviewed within ten (10) days of the request date. Durable Medical Equipment requests are reviewed within thirty (30) days. For more information on review turnaround times, review the DCH Provider Manual for each review type.

What do the status codes WRD and MIS mean, and what are the other denial reason codes?

WRD means 'Waiting Review Decision'. This code is applied to PAs that are pending and have not yet been reviewed. MIS is a denial reason code that means 'Missing Information'. The following table lists all the denial reason codes and descriptions.

Code	Description
IPC	Invalid procedure code
PRW	Provider request
ACL	Inadequate documentation of Activities of Daily Living
CMO	Member is covered by a Care Management Organization for the entire PA request date span.
DMM	Inadequate documentation of medical management
DOM	Inadequate documentation of outpatient management
DUA	Inadequate documentation of urgency of admission
INC	Incomplete information to make a determination
LJS	Lack of justification
LMN	Lack of proof of medical necessity
MIE	Member is not Medicaid eligible
MIS	Missing information
MPC	Plan of care not submitted
NFD	Documentation shows normal findings; Treatment not supported
OEC	Does not meet eligibility criteria
OLC	Does not meet LBL care requirements
OPC	Services not in plan of care
OPG	Does not meet policy guidelines
OTH	Other
SLE	Service limit exceeded
SMU	Submission untimely
SNC	Service not covered
SNJ	Setting not justified by documentation
UBP	Physician auth not obtained
CMP	CPT code doesn't match documentation of procedure
DUP	Duplicate request
PAN	Prior authorization not required

Where can I go to find PA training information?

Training information including workshops, webinars, user manuals, review process information, online testing, and other resources are available on the *Provider Workspace*. Click the Education and Training link to display education and training resources.